

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Oregon State FSA Office
Tualatin, Oregon 97062

OR NOTICE PM - 404

FOR: COUNTY OFFICES

Leave Transfer Recipient

APPROVED BY: State Executive Director



LEF:mac

A

Purpose

James Huffman, Program Technician in Malheur County in Oregon is approved to receive annual leave donations under the Leave Transfer Program.

B

Information

James will be exhausting all of his annual and sick leave in PP-11. Any leave donations would be greatly appreciated.

James describes his medical emergency as follows:

A diagnosis of ITP (low platelets) followed by two surgeries within a three week period. Numerous doctor appointments accounted for five hospital stays. A stroke in October required an extended stay in the hospital followed by extensive rehabilitation. The doctor has not released him to work full time due to job stress.

C

Action

Non-federal county office employees wishing to donate annual leave should:

- **Complete the attached AD-1043**, Leave Donor Application, specifying the number of annual leave hours to be transferred to the recipient. (must be in one-hour increments).
- Sign and date AD-1043
- **Mail or fax (503) 692 8139 AD-1043 to:**

**USDA, FSA OR State Office
7620 SW Mohawk
Tualatin, Oregon 97062**

DISPOSAL October 1, 2001

DISTRIBUTION FSA County Offices,

AD-1043 - LEAVE TRANSFER PROGRAM - DONOR APPLICATION**FOR PERSONNEL USE ONLY:
CASE NUMBER**

OR-41-045-001

INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L. 100-566. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

PART I - COMPLETED BY DONOR

1. NAME OF DONOR (<i>Last, First, Middle Initial</i>)		2. POSITION TITLE	
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL TITLE (<i>Agency, Division, Branch Section</i>)	
6. OFFICE ADDRESS		7. OFFICE TELEPHONE NO.	
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER	

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 of the annual leave you will earn during this calendar year unless a waiver is approved. To request a waiver, you must attach a statement as to why your situation is unusual.

If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category.
- 78 hours for employees in the 6-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

- Limit for part-time employee = **13 X** $\frac{\text{Duty hours in Pay Period}}{80}$ X leave earning category
- Limit for part-year employee = $\frac{\text{Number of Pay Periods to be worked}}{2}$ X leave earning category

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT JAMES O HUFFMAN JR.	13. CASE NUMBER OR-41-045-001	14. SOCIAL SECURITY NUMBER OF RECIPIENT (<i>if known</i>)
15. ORGANIZATIONAL LOCATION OF RECIPIENT (<i>Agency, Division, Branch, Section</i>) USDA, FARM SERVICE AGENCY, MALHEUR COUNTY OFFICE		16. OFFICE ADDRESS OF RECIPIENT 2925 SW 6TH AVE, ONTARIO, OR 97914	
17. NAME OF LEAVE SHARE COORDINATOR MARJORIE ANN CROOKER	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR V-503 692-1973 Ext. 232 FAX: 503 692-8138	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR 7620 SW MOHAWK THIALATIN, OREGON 97062	

CERTIFICATION OF VOLUNTARY DONATION: I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under my circumstances (including a medical emergency of my own) to have any of the donated leave restored.

SIGNATURE OF DONOR	DATE
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PART II - AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE BALANCE (<i>in hours</i>)	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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APPLICATION APPROVED:

☐ YES (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effective Pay Period Number):

☐ NO (*state reason for disapproval*):

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL	TITLE	OFFICE TELEPHONE NO.	DATE
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PRIVACY ACT STATEMENT

§ U.S.C. 6311 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.

